

PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-875

Application of Part of Number
 10/074,633

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$	OR		\$
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 20 =		X \$		OR	X \$	
		minus 3 =		X \$		OR	X \$	
MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.16(d))				+	\$	OR	+	\$
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	33	Minus	23	=	10	X \$		OR	X \$	180
	Independent (37 CFR 1.16(b))	2	Minus	3	=	0	X \$		OR	X \$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+	\$	OR	+	\$
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	180
AMENDMENT B	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	34	Minus	33	=	1	X \$		OR	X \$	50
	Independent (37 CFR 1.16(b))	4	Minus	3	=	2	X \$		OR	X \$	400
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+	\$	OR	+	\$
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	450
AMENDMENT C	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	31	Minus	34	=	0	X \$		OR	X \$	
	Independent (37 CFR 1.16(b))	4	Minus	3	=	1	X \$		OR	X \$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+	\$	OR	+	\$
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.